

SIGNS AND SYNDROMES

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[This column will include selected signs and syndromes which may be found to be of general interest.—EDITOR.]

SIGNS

Babinski No. 1.—Sciatica: The tendo Achilles reflex is diminished or absent. No. 2.—Pyramidal tract disease: extension of the great toe and fanning of the remaining four toes may be elicited by gently stroking the plantar surface of the foot along the lateral side and curving along the ball. No. 3.—Pyramidal tract disease: With the arms folded and starting from recumbency, the patient alternately rises and lies down, causing flexion of the trunk on the lower extremities. As a result the toes separate in a fan shape. No. 4.—Hemiplegia: In opening the mouth widely or in blowing or whistling there is a more pronounced contraction of the platysma muscle on the healthy side than on the affected side. No. 5.—Hemiplegia: The "combined flexion phenomenon". A recumbent patient, with arms folded attempts to sit up, causing the thigh of the paralyzed side to be flexed on the pelvis and the heel or the same side is lifted. The uninvolved limb does not do this. No. 6.—Organic Paralysis: The "pronation sign". When the paralyzed forearm is placed in supination it becomes pronated.

Bacelli.—The whispered voice is transmitted through serous fluid in the chest, but not through purulent exudates.

Baillarger.—In syphilitic paresis anisocoria occurs frequently. This is inequality of the pupils.

Ballance.—In rupture of the spleen, percussion over the left flank reveals an area of dullness which seldom changes when the patient changes position, in hæmorrhage from other abdominal organs the area of dullness shifts with position.

Ballet.—Seen in hysteria and some cases of exophthalmic goitre as an ophthalmoplegia externa and loss of all voluntary movements of the eye. The pupillary reflex persists as does all automatic movements of the eye.

Bamberger No. 1.—Allochiria.—Sensation is felt in the opposite side to which is induced. No. 2.—When a patient leans forward or lies prone the apparent consolidation of the lung at the angle of the left scapula disappears. Seen in pericardial effusion.

Barany No. 1.—When there is involvement of the point of equilibrium in the vestibular apparatus, the patient has a tendency to fall and falls in a direction to which the head is facing. No. 2.—When the external auditory canal is irrigated with water below 120° F. rotary nystagmus develops toward the side of the stimulation. Cold water will elicit a nystagmus rotating in the opposite direction. If the labyrinth is diseased no nystagmus develops.

Bard.—When a patient follows the moving finger with his eyes there is an increase in the ocular nystagmus movements in acquired organic lesions, whereas the oscillations cease in congenital nystagmus.

Barre No. 1.—Mental deterioration—Retarded contractions of the iris. Normally there are slow oscillations of the margins of the iris occurring at 10 to 30 second intervals in the aged or in persons with natural mydriasis. These oscillations may be decreased or absent in mental deficiency. Idiots show an absence of oscillations while imbeciles show contractions every 1 to 3 minutes. Retarded and weak contractions occur in dementia præcox or may be absent. There are no oscillations in dementia paralytica.

SYNDROMES

Banti's.—Onset in late adolescence or early adult life in either sex. First stage of several years of increasing weakness, anæmia, and gastro-intestinal disturbances. There is splenomegaly in the latter part of this stage. Second stage of a year or less of constipation alternating with diarrhoea, with hæmorrhoids and a high concentra-

tion of urates in the urine (lateritious urine). Third stage of cirrhosis of the liver, ascites, anæmia, jaundice may be present, and a progressive loss of flesh. (Esophageal varices may be present and may cause a fatal hæmorrhage.

Bard-Pic.—Seen in carcinoma of the head of the pancreas. Characterized by rapid cachexia, increasing icterus, enlarged gall bladder and pasty stools with a high concentration of fat.

Behcet's.—Aphthous lesions of the genitalia and mouth with ocular changes of recurrent hypopyon-iritis. Men to women in a ratio to 2 to 1, in the third decade. The condition is usually fatal after a chronic course.

Benedikt's.—Ipsilateral third cranial nerve paralysis, external and internal ophthalmoplegia, diplopia, hemianæsthesia, hemichorea, and hemitremor on side opposite to the lesion.

Berhardt-Roth.—Meralgia paræsthetic.—In the area of the thigh supplied by the lateral femoral cutaneous nerve there is numbness and paræsthesia, associated with pain on movement.

Bertolotti's.—Over development of the transverse processes of the fifth lumbar vertebra. It may be described as sacralization of the fifth lumbar vertebra, or as sciatica and scoliosis.

Bianchi's.—Sensory aphasia, apraxia, and alexia, occurs in lesions of the left parietal lobe.

Biedl's.—Dystrophia adiposogenitalis and atypical retinitis pigmentosa with mental deficiency.

Luys' Body Syndrome—*Syndrome of Crocodile Tears*.—Violent unilateral chorea with abnormal movements and amplitude of the shoulder and hip; there is involvement of speech, deglutition, and respiration; slight unilateral sweating; moderate facial movements; and, a moderate hypotonia. There is a cessation of movements during sleep. It is seen in subthalamic lesions of the body of Luys.

Bonnier's.—A syndrome similar to Ménière's disease, with apprehension, aural and ocular disturbances, pallor, tachycardia, vertigo, and weakness. Seen in lesions of Deiters' nucleus, vestibular tracts, or auditory nucleus in the medulla.

Brachium Conjunctivum and Tractus Spinothalamicus.—Anæsthesia and a loss of thermal sense on the ipsilateral side of the lesion, contralaterally there is ataxia, atonia, and asthenia. Emotional expression is lost and there is no change in volitional expression.

Erenneman's.—Throat infections antecedent to mesenteric and retroperitoneal lymphadenitis. It may resemble appendicitis of tabes mesenterica but recovery is the rule.

Modified from Robertson, W. E. and Robertson, H. F., Diagnostic Signs, Reflexes and Syndromes (Standardized). Third edition, F. A. Davis Company, Philadelphia, U.S.A., 1947.

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